

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF SOCIAL SERVICES

Commissioner Gregory J. Blass

Wait List Screening Form for Childcare Assistance

Please complete all sections and print clearly

Name _____ Telephone _____

Address _____

City _____ Zip _____

Other phone numbers where you can be reached _____

Please print legibly; a copy of this form will be returned for your records

Are you currently receiving or applying for Temporary Assistance by completing the green & white Application? Yes ☐ No ☐

Do you have a Special Needs Child? Yes ☐ No ☐

Are you a Teen Parent (18 or under) attending High School? Yes ☐ No ☐

I need childcare because:

- ☐ I am employed
- ☐ I attend school/training
- ☐ I am seeking employment
- ☐ I am disabled
- ☐ Other (please identify) _____

My gross (before taxes) earned income is _____ weekly ☐, bi-weekly ☐, monthly ☐, yearly ☐

My unearned income (including child support) is _____ weekly ☐, bi-weekly ☐, monthly ☐, yearly ☐

List all household members:

First Name	Last Name	Date of Birth	Male or Female	Relationship to You
				SELF

In order to be placed on the Child Care Subsidy Wait List, you must return this form to:

Suffolk County Department of Social Services
Child Care Bureau
P.O. Box 18100
Hauppauge, New York 11788-8900

